

Lake Hamilton School District #5
205 Wolf Street
Pearcy, AR 71964

DIRECT DEPOSIT AUTHORIZATION FORM

Complete Entire form and sign

DIRECT DEPOSIT E-VOUCHER WILL BE SENT TO SCHOOL EMAIL

- ☐ New Enrollment. **Please attach a voided check(s).**
- ☐ Change of present financial institution and/or account #. **Please attach a voided check(s).**

I hereby authorize Lake Hamilton School District to directly deposit my pay in the bank account(s) listed below in the percentages/amounts specified. (If two accounts are designated, the second account will need to have a flat amount designated, the remainder of the check will be deposited into the primary account. Secondary accounts will not be funded on extra payrolls (ie. bonuses). No more than two accounts may be designated. This authorization is to remain in force until the Lake Hamilton School District has received written authorization from me of its termination or change. Also, I hereby grant Lake Hamilton School District the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Primary Account (Net pay after flat amount)

Financial Institution Name _____

Bank Routing # _____ Account # _____
(A nine-digit number on far left bottom of your personal check)

Checking Account Savings Account

Secondary Account (Flat Amount)

Financial Institution Name _____

Bank Routing # _____ Account # _____
(A nine-digit number on far left bottom of your personal check)

Checking Account Savings Account

Amount of pay to be deposited into this account:

\$ _____

Name (PRINT): _____

Signature: _____ Date: _____

Don't Forget to Attach a copy of a voided check